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## SUPPORT TO THE NATIONAL HIV/STI PROGRAM

CONTRACTOR(S)/GRANTEE(S): MINISTRY OF HEALTH (MOH)

DURATION: 2010 – 2018 WITH ANNUAL EXTENSIONS FUNDED BY PEPFAR

TOTAL PROJECTED INVESTMENT: \$4,505,000

ADDITIONAL FUNDING SOURCE: GLOBAL FUND

The Jamaican HIV epidemic has features of both a generalized and a concentrated epidemic. The key populations affected by the concentrated epidemic are commercial sex workers (SWs) and men who have sex with men (MSM). The prevalence rate of HIV among MSMs in Jamaica is estimated to be 32.9% (MOH, 2011). Although there has been a tangible reduction in prevalence among SWs in recent years (down from 9% to 2%) there has been no reduction in prevalence among the MSM group. The factors that increase the potential for transmission of HIV within these groups are high levels of stigma and discrimination, multiple sexual contacts, and low condom use with their regular partner. HIV prevalence will be maintained or even increased if these factors are not addressed within the strategy period.

The current Program objectives include 1. To increase treatment coverage in Jamaica so that 75% of diagnosed persons living with HIV (PLHIV) are on treatment and 80% of PLHIV on anti retro viral (ART) achieve viral suppression by the end of FY 19. 2. To improve data access, quality, and use, particularly for KP

In Jamaica, the MOH will invest in outreach prevention, care and treatment activities at high volume treatment sites and parishes. The interventions will be implemented in 13 selected treatment sites (based on the number of PLHIV served in the parishes) and 5 prevention outreach parishes. The activities implemented will include strategies to improve gaps along the continuum of care with focus on improving linkage to care, retention in care, adherence to medication and patient management efforts. The ultimate goal is epidemic control through reducing new infections and improving viral suppression.

To maximize Jamaica's impact, the program will focus on reaching and testing key populations by scaling up networking approaches which support access to prevention services in safe spaces, using social media platforms/events, and promoting timely linkage and follow-up to HIV-related services while piloting PrEP and Self-testing. As Jamaica implements Treat All, the program will scale up contact tracing, case management, clinic hours, the involvement of PLHIV peer and group support, improve psychosocial support services and the monitoring of referrals. Activities implemented at the facility-level will also leverage community-based support as the partnership will be strengthened while scaling up activities to reduce the layers of stigma and discrimination within the facilities and the communities. Such activities target key populations such as PLHIV, MSM and FSW (both adults and adolescents/youth).

Jamaica also continues its efforts in increasing access, availability and use of HIV data, with the linking of the treatment and UIC DHIS2-based databases. The successful implementation of the DHIS2 database will improve the collection and reporting of the data from site to national

## **LINKAGES ACROSS THE CONTINUUM OF HIV SERVICE FOR KEY POPULATIONS AFFECTED BY HIV**

CONTRACTOR(S)/GRANTEE(S): FHI 360

DURATION: 2016 – 2018 WITH ANNUAL EXTENSIONS FUNDED BY PEPFAR

TOTAL INVESTMENT TO DATE: \$2,810,000

Objective: LINKAGES activity helps to accelerate the ability of the government and organizations, to plan and implement services that reduce HIV transmission among key populations and their sexual partners and extend the lives of those already living with HIV. LINKAGES works to strengthen the Ministry of Health (MOH) and civil society organizations (CSO) response to help prevent HIV transmission among female sex workers (FSW), men who have sex with men (MSM), and for people living with HIV (PLHIV), link and retain them in care and treatment services. Also they assist the MOH and CSO in reaching KPs through innovations, as well as scaling up of proven peer interventions related to outreach to KP and linkages to care and treatment.

## **HEALTH POLICY PLUS (HP+) ON GENDER NORMS, STIGMA & DISCRIMINATION, & SEXUAL & GENDER-BASED VIOLENCE IN JAMAICA & THE CARIBBEAN REGION**

CONTRACTOR(S)/GRANTEE(S): PALLADIUM GROUP

DURATION: 2017 – 2018 WITH ANNUAL EXTENSIONS FUNDED BY PEPFAR

TOTAL PROJECTED INVESTMENT: \$729,928

IN JAMAICA, HP+ WORKS WITH COUNTRY PARTNERS TO CONTRIBUTE TO AN EFFECTIVE AND SUSTAINABLE HIV RESPONSE BY DEVELOPING SOLUTIONS TO REACH THE GOAL OF UNIVERSAL TREATMENT AND SUSTAINED EPIDEMIC CONTROL. IT IS WITHIN THIS CONTEXT THAT THE HP+ YEAR TWO OBJECTIVE WAS TO STRENGTHEN THE NATIONAL POLICY RESPONSE TO REDUCE STIGMA AND DISCRIMINATION, PROMOTE GENDER EQUALITY AND REDUCE GENDER-BASED VIOLENCE (GBV), WITH AN EMPHASIS ON KEY POPULATIONS, WITHIN THE CONTEXT OF HIV. THE HP+ IMPLEMENTATION STRATEGY INCLUDED FOUR COMPONENTS TO SUPPORT THIS OBJECTIVE WERE:

1. STRENGTHENING REPORTING OF STIGMA AND DISCRIMINATION (S&D) AT THE FACILITY LEVEL
2. PROVIDING CONVENING SUPPORT AND TECHNICAL ASSISTANCE TO NATIONAL POLICY DIALOGUES WITH AN EMPHASIS ON STIGMA AND DISCRIMINATION REDUCTION

3. SUPPORTING THE ADOPTION OF THE POSITIVE HEALTH, DIGNITY AND PREVENTION (PHDP) CURRICULUM INTO THE NATIONAL RESPONSE
4. PROVIDING TECHNICAL ASSISTANCE TO STRENGTHEN THE COMPLAINT AND REDRESS SYSTEMS